Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 1 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Hector Luis Negron Rivera Participant's Name: Wb. La Vega Callec #70 Villalba, P.R. 2016 Participant's Address: Participant's Email Address: hectorneard 502 @ amail - com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: wages by the government Nature of Claim: By: Signature Title (if Participant is not an individual)

Hector Luis Negron Rivera
Unb. La Jega Calle C#70
Villalha, P. R. 00766

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SAN JUAN PR 009

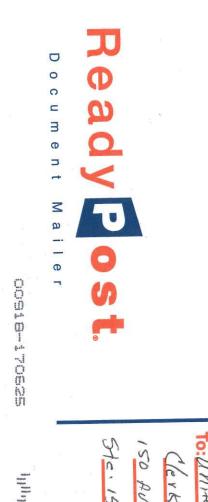


Participant must provide all of the information below in English:

1.	Participant's c if any:	contact information, including email address, and that of its c	
Participant's	Name:	Oscar Olvarez Hernandez 1377 Calle Jaguey Urb. 205 eau Fonce P.R. 00716-2627	bos
Participant's	Address:	touce P.R. 00716-2627	
Participant's	Email Address:	oscarabiam a Hotmail. com	
Name of Cou	insel:		
Address of C	ounsel:		1 44
Email Addres	ss of Counsel:	- Inger Ve	
2.	Participant's C	Claim number and the nature of Participant's Claim:	
Claim Numb	er:	No 17 BK 3283 - LTS	
Nature of Cla	nim:	Promesa III	
By: One Signa	ture		AECEIVED
050	car alware	ez Hernandez	
Print?	Name		2 <u></u>
=			3 B
Title ((if Participant is	s not an individual)	No.
<u>/3</u> Date	agosfo 2	:021	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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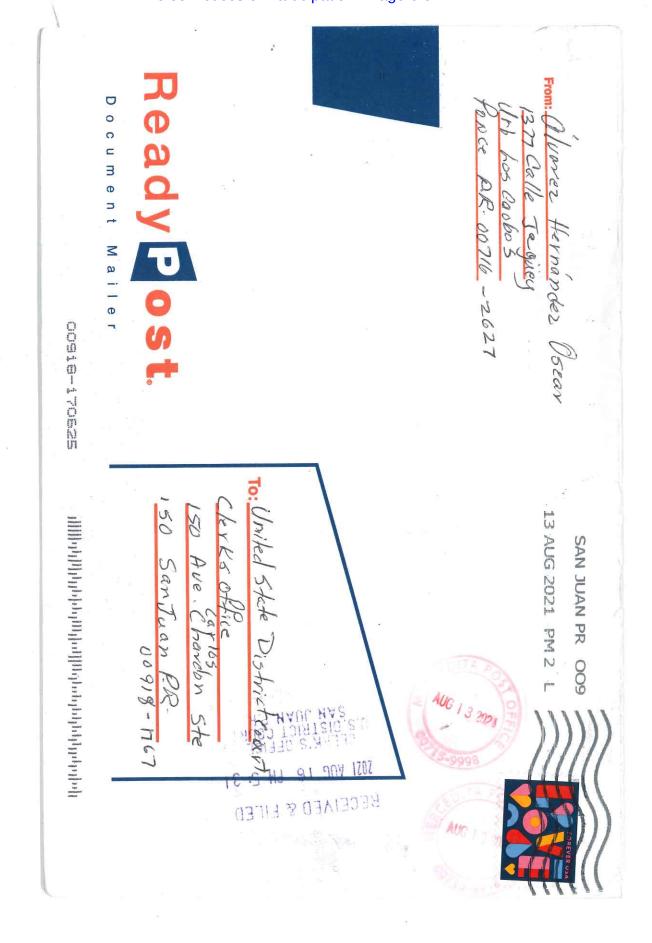
PR. 10716-2627

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SAN JUAN PR 009

To:Unik State 150 Ave. Carlos Chardon lerk office San Juan P.R. 7971-81800 :9 No 91 BECEINED & FILED Participant must provide all of the information below in English:

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1 Particinant's C	ontact information, including email address, and that of its cour	isei,	
1. Participant's c	· ·		
II dily.	Deeny alvarez Hernande	2	
Participant's Name:	Scar alle bainey drb Los Cac	205	
Participant's Address:	PONCE P.K. 00716-2627		
Participant's Email Address:	oxearabiam à hormais		
Name of Counsel:			
Address of Counsel:	rank C		
Email Address of Counsel:	an distant's Claim:	~ **	
2. Participant's	Claim number and the nature of Participant's Claim:		-
	No. 17 BK 3283 - LTS		100
Claim Number:		- C	
Nature of Claim:	Promesa III	De Se	į.
Nature of the state of the stat		Marie	
By: (Mec S	The state of the s	φ <u>C</u>	
Signature	e or older at large link area and seems	- Control	
Oscar alve	arez Hernández		
Print Name			
	The same of the sa		
Til (CD-vicinent	t is not an individual)		
Title (if Participani	. Is not an individual		
13 0905	to 2021		
Date			



Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 7 of 111

Participant must provide all of the information below in English:

1. Participa if any:	nt's contact information, including email address, and that of its counsel,
Participant's Name:	Rafael Diaz Lopez
Participant's Address:	PO Box 604, Coamo PR 00769-0604
Participant's Email Add	. //
Name of Counsel:	
Address of Counsel:	
Email Address of Couns	el:
2. Participan	t's Claim number and the nature of Participant's Claim:
Claim Number:	103 246
Nature of Claim:	Against Commonwealth Of PR STICHETT
By: Righature	Sign AN SHIPED
Rafael Di	az Lopez
Title (if Participan	at is not an individual)
Date 9	2021

Coamo, P.R. 00769

United States District Cour

150 Ave. Carlos Chardon Ste

San Juan, PR. 00918-1767

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 9 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
articipant's Name: Rafael Diaz Lopez	_
articipant's Address: PO Box 604 Coamo PR 00 769-06	≥Q.
articipant's Email Address: N / A	_
ame of Counsel:	
ddress of Counsel:	
mail Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	_
laim Number: 103 714	
ature of Claim: Liability from Employee Retirement	
PADALA SER	
Signature Signature	
Rafael Diaz Lopez 500 5 5	
Print Name	
The state of the s	
Title (if Participant is not an individual)	
August 9, 2021	
Date U	

P.O. Box 604 Coamo, P.R. 00769

SAN JUAN PR 009

United States District Court

150 Ave. Carlos Chardon Ste.

P.R. 00918-1767

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 11 of 111

Participant must provide all of the information below in English:

1.	Participant's if any:	contact information, inclu	ding email address, and the	nat of its con	unsel,
Participant's	s Name:	Rafael Di	az Collaz		
Participant's	s Address:	URB. TOWN F	touse R-47, Co	samo f	R.00769
Participant's	s Email Address:	N/A			
Name of Co	unsel:				
Address of C	Counsel:		5		
Email Addre	ess of Counsel:	- 27/	ide()		
2.	Participant's	Claim number and the na	ture of Participant's Claim	ı :	
Claim Numb	per:	Promesa	Title III		
Nature of Cl	aim:				
By: Kigna	Marl Diay	gally	Ç.	8	
R	afael Di	~ Collazo		ZOZI AUG 16	
Print	Name		TRIC UNA		
Title	Uf Farticipantis	not an individual)	1000	2 7	
A	ugust 1	1, 2021	15.7	5: 3	

RaFael Diaz Collaro URB. Town House R-47 Coamo, P.R. 00769

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 13 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		. /	0
Participant's Name:	Luis Gr. Sepulu	eda Mar	tinez
Participant's Address:	Lus G. Sepulu MOBOX 560021	Georgebul.	26 00656
Participant's Email Address:	luissepul 440 gi	motil. cog	
Name of Counsel:		9	
Address of Counsel:			
Email Address of Counsel:		18	***
Claim Number: Nature of Claim:	Claim number and the nature of F 95847 Salery Scale Delast	825	TIEDELIVED & FILL
By: Signature	Sepolved Marti	he	<u>u</u> = =
Print Name			
Title (if Participant is	not an individual)		

ucycnill, T.R. oce SK PR 00918-176 Carlos Chardon

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 15 of 111

Participant must provide all of the information below in English:

1. Participant's contact information, including émail address, and that of its counsel,
if any:
Participant's Name: Luis & Sepulu-de Mertins =
Participant's Name: Participant's Address: Participant's Email Address: Source Epulus Coop (Programme Planticipant's Email Address: Source Epulus e gascil, Coop
Participant's Email Address: Soissepoleix e gascil. Cocy
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 50786
Nature of Claim:
By: Sold Morty
Signature Lois G Sejulvede Martinez Print Name
Print Name
Title (if Participant is not an individual)
Rugest 10 2021
Date ¹



Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 17 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Antonia Vives Negron Participant's Address: POBOX 800375 Coto Laurel PROD	
Participant's Address: POBOX 800375 Coto Laurel PROD	
	780
Participant's Email Address: antoniquiues Doutlook.com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 75924	7
Nature of Claim: According to the PROMESA LAW TITLE By: Autoria Virus Legin established by Law 89 of 19 Signature rever granted.	e III and de Esplay incre 19 and that
Artonia Vives Negron Print Name	RECEIVED 2001 AUG 16
Title (if Participant is not an individual)	00 Pc
Avaust 13, 2021	n E

70Bx 800375 Cato Lewis , PR 00780-0375 Antonia Vives Negron United States District Court 150 Ave. Carlos Chardon Ste. 150 Clerk's Office San Juan, P.R. 00918-1767 TA MEN MONE THAT The second secon NAZ ESZ TO SIK'S OFFICE MISTRIET COUR MANUAL PLA

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 19 of 111

Participant must provide all of the information below in English:

1. Partic if an	icipant's contact information, including email addre	ess, and that of its counsel,
Participant's Name:	: Amarilys Flores Flores	
Participant's Addres	ss: P.O. Box 177 Comen	J. P.R. 00782
Participant's Email	Address: am. flores 71 @ yahuo. con	n
Name of Counsel:		
Address of Counsel:		•
Email Address of Co	ounsel:	
2. Partic	cipant's Claim number and the nature of Participan	t's Claim:
Claim Number:	30024	The second of the second
Nature of Claim:	Salario	10
By: amce	ely Flou Flog	
Signature		So B R
Amar	rilys Florer Florer	
Print Name		THE STATE OF THE S
		A-19 & 80
Title (if Parti	icipant is not an individual)	780 5 8
13-a	150stu-2021	32
Date		

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CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN PR Comerio, P.R. no 782

Cherk's Office
150 Ave. Carlos Chardon Ste. 150
San fuan P.R. 00918-1767

SAN JUAN PR 009



Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 21 of 111

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including	g email address, and that of its counsel,	
Participant's Name:	Amarilys Flor	res Flores	
Participant's Address:	Amarilys Flores Flores P.O. Box 177 Comeno, P.R.00782		
Participant's Email Address:	am. flores IL@ ya		
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's Cl	aim number and the nature	of Participant's Claim:	
Claim Number:	27946		
Nature of Claim:	Retiro	96 38	
By: Omcest Fl Signature	area	TECET NO.	
Amarilys F Print Name	loves Hoves	TRICT OF FILE	
Title (if Participant is not be a second of the second of		25 S	

P. O. BOX 177 Comero, P. P. 00782

SAN JUAN PR 009

Clerk's Office Carlos Ste. 150
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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 23 of 111

Participant must provide all of the information below in English:

1. Participant's confidence if any:	ontact information, including	email address, and th	at of its counsel,
Participant's Name:	Dennisse A	Mes Baéu	
Participant's Address:	By Pases dil	Parque Juan	1 Díaz, P.R. 00
Participant's Email Address:	dennissaviles bz co	mail-com	
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:	provins.	A Decision of the last	
2. Participant's C Claim Number: Nature of Claim:	laim number and the nature o	of Participant's Claim うろ - LTS	
By: Signature DUMISSO THE Print Name Title (if Participant is re	s Buer	U.S. DISTRICT COUR SAN JUAN, PR	RECEIVED & FILED

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CLERK'S OFFICE FRUCT COURT FRUCT COURT FRUCT SAUL MAS 2021 AUG 16

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 25 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Ana María Rodríguez Pons
Participant's Address:	P.D. Box 482 Villalba, P.R. 00766
Participant's Email Address:	pedri-98 @ yanoo.com
Name of Counsel:	700
Address of Counsel:	No
Email Address of Counsel:	No
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	165245 ET. AL.
Nature of Claim:	Unpaid wage by The Government of Puerto Rico
By: ana Migor	lugner Pores of Puerto Rico
Signature	
Ana M. +	odrigueztons 2007 6 00
Print Name	VED VED
No	
Title (if Participant is	
August 10	3 5
Date	

Souto-1700XX 13 AUG 2021 PM 2 SAN JUAN PR 009 Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Oscar I. González Aguayo
Participant's Name: OSCAY TO ODDIZATE Z / 1944
Participant's Address: 10 Urb Hontecasino HTS calle Río Hondo B-10 log Ath, PK-00953
Participant's Email Address: dacha los agmaile com
Name of Counsel: Name of Counsel:
Address of Counsel: N/A
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 83835
Nature of Claim: Pension/Ketiree
By: Usen Joseph Ass
Signature
Oscar I. González Aguayo
Print Name
Title (if Participant is not an individual)
August 14, 2021
Date

Relie Rie Hondo B-10 Too Alto P. R 00953

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United States

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Carmen Julia Negron Rivera

Participant's Address: Web Vista Hegre Calle Organideas 318 Villalla, P.R. 00766

Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

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Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address of Counsel: One grancar mente Ognideas 318 Villalla, P.R. 00766

Participant's Email Address of Counsel: One grancar mente Ognideas 318 Villalla, P.R. 00766

Particip

Calle Orguides 318 Villalba, P. R. 00766

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SAN JUAN PR 009

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: Licoundra Acquedo Cancela
Participant's Name: 2/30/104/4//(CEVEUS CONTENT)
Participant's Address: Calle Formosa N-45 Santa Juanita Bayamon, P.K
Participant's Email Address: [ISandraacv2@hotmail o com
Name of Counsel:
Address of Counsel: N-A
Email Address of Counsel: N-A
2. Participant's Claim number and the nature of Participant's Claim:
QIITO
Claim Number: 76/5 7
Nature of Claim: Public Employee Claims - Department of Education
By: Lisandra Acredo Canala
Lisandra Acevedo Cancela
Print Name
Title (if Participant is not an individual)
August 13, 2021
Date

Santa Juanta Bayaman 7.R. 00956

San Juan P.R. 00918-1767 United States Districts Court, Cler 150 Are Carlos Charden Ste. 150

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 33 of 111

Participant must provide all of the information below in English:

1.	Participant's co	ntact information	n, including email	l address, and that of	f its co	unsel,	
	if any:	<u> </u>		\cap			
Participant's 1	Name:	Arnaldo	Melénde	2 Mara	Vis	ta	
Participant's	Address:	Bayano	n Pront	o Kico as	295	6	
Participant's	Email Address:	el region	al Melènde	egmail.	<u>'ova</u>		
Name of Cou	nsel:	n (A					
Address of Co	ounsel:	n(A)					
Email Address	ss of Counsel:	n/H	-	1			
2.	Participant's C	laim number and	the nature of Par	rticipant's Claim:			
Claim Numb	er:	4708	5				
Nature of Cla	aim:	Kention					
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Print	Name			5 00	(C)		
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Date	agest	0 202			N	Tagen I	

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U.S. DISTRICT COURT SAN JUAN, P.R. Arnaldo Malender Rosa R. P. 12 Box 10040 Bayamon, P. P. 00956

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Luited & Fater District Court
Cler his Office
150 Muc. Carlos Chardon Ste. 150
San Juan, 8. 8. 00918-1767

Participant must provide all of the information below in English:

1.

Participant's Name: Sylvia Marrinez Colimono	
\sim	
Participant's Name: Sylvia Martinez Colimono Participant's Address: 445 Lindo St San Juan 1R 00926	
Participant's Email Address: Smartine 423 @ gmail com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number:	
Nature of Claim: Common wealth Boad Acct No. 7BR- 96090 for \$ 5,0	00.00
By: Sylvia Smortinez Calimons	
Signature	
Stignature Sylvia I. Mantines Calimone Print Name	· 2
Title (if Participant is not an individual)	
Date 22	

Participant's contact information, including email address, and that of its counsel,

RECEIVED & FILED 2021 AUG 16 PM 5: 32 U.S. DISTRICT COURT SAN JUAN, P.R.

> SAN JUAN PR 9

Sylvia Martinez Celemano

45 MAD ST

Sen Juan PR vog26- 7204

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United States District Court Jan Juan PR. 00918-1767 curk's office 150 Ave. C. Chardon

00919-170625

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 37 of 111

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email address, and that of its counsel,
Participant's Name:	Jorge Cortez Santana
Participant's Address:	PO Box 1446 Las Piedras PA
Participant's Email Address:	0077
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
	aim number and the nature of Participant's Claim:
2. Participant's Claim Number: Nature of Claim: By: May Column Signature	HIPYS SRFS5176 Pack I 167906
Claim Number: Nature of Claim: By:	Clipus SILFS5776 Pack I 167906 Totalian Fez Santana ASS 50 E

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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CLERK'S OFFICE
U.S. DISTRICT COUR
SAN JUAN. P. H

LISTRICT COURT ON 1446

NOTE OF THE COURT OF

SAN JUAN PR

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 39 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

N.T. A. M. Marquez Cruz

Participant's Address:

Calle Kennedy 718 lbb La Cumbre Influent Planticipant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

By:

Signature

N.T. A. H. Marquez Cruz

Print Name

Title (if Participant is not an individual)

Agosto 10, 2021

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 41 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including émail address, and that of its counsel,

if any: Jose C. Guzman vess Participant's Name: 708 Calle 65 Inforturia, Trus: 1/0 AHD, P.A. 00976 Participant's Address: Participant's Email Address: cheo trusi 110 1/64 @ 3 mail. com Name of Counsel: Address of Counsel: a Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. employees refirement system of the Government Claim Number: Nature of Claim: the common wealth of Puento Dica By: Signature Print Name Acreedor Title (if Participant is not an individual) Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may

instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Jax

Gozman Uesa

San Juan, P.R. 00918-1767 office, States District 150 Auc. Carlos

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 43 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 45 of 111

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

11

Participant's Name:	telix huis lorves ternande2
Participant's Address:	HC 05 Box 13712 Jung Diaz AZ 00795
Participant's Email Address	: felipy nery alg mail. com
Name of Counsel:	Lic Alberto Aresti Franceschini Suite 1109, Edif Union Alaza
Address of Counsel:	416 Ave Donce de Ledn, Hoto Rey PR 00918 Tel. (787) 751-5740
Email Address of Counsel:	Tel. (787) 751-5740
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	34762 y 22712 E B
Nature of Claim:	Salary Adjustment
By: Signature	UCC OF D
	Torres Hernandez
Print Name	1011-13 1 W
Tid (CD di	11 11 1
Title (if Participant i	s not an individual)
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<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 47 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	α /
Participant's Name: <u>José G. Pedraza</u> Participant's Address: <u>Hc-03 Box 7855 Bo. Te</u>	Canacho
Participant's Address: Hc-03 Box 7855 Bo. Te	jus, Jus Piednas P. Roo771
Participant's Email Address: jose pedra 20 0911 @ I	cloud. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	B
2. Participant's Claim number and the nature of Partic	cipant's Claim:
	- 1TS
Nature of Claim: By: Nature of Claim: Nature of Claim:	ent
Jose G. Plaraza (Amarlo	TRI NECELV
Print Name	⊆==== m
Title (if Participant is not an individual)	AN PO
August 12, 2021	S C
Date /	W

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19
Pro se Notices of Participation Page 48 of 111 RECEIVED & FILED 2021 AUG 16 CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.R COSTS-170625 Man, P.R. 00918-1767 14 AUG 2021 PM 1 SAN JUAN PR Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc:

Pro se Notices of Participation Page 49 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Brunil do Hendez Perez

Participant's Address:

6 Las Movgantas Isabelo, PR 00662

Participant's Email Address:

mendezbruni 290 gmail-cum

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK - 3283 - LT S

Nature of Claim:

By: Brunild: Mende Perez

Print Name

Title (if Participant is not an individual)

August 4, 2021

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 51 of 111

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Maria M. Guznan Rodriquez
Participant's Address:	HC 03 BOX 15239 Juana Diaz PR 0079
Participant's Email Address:	mgrodat a) g mail.com
Name of Counsel:	Lic. Alberto Avesti Franceschini
Address of Counsel:	Suite 1109, Edif. Unión Plaza 416 Ave Por Hato Roy, PR 00918 Tel- (787) 751-5740del
Email Address of Counsel:	Hato 124, FIZ 30418 121-(787)751-5740
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	32944
Nature of Claim:	Salary Adjustment
By: Signature	Pos
0	Querian Rodríguez
Print Name	U WEST OF THE
	TENS TO SE
Title (if Participant is	
8 de agos	sto de 2021
Date	Seaf .

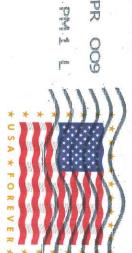
HCOS Juana Diaz Maria M. Guzzan Rodz DOX 15239 53200

PM 5: 33 2021 AUG 15 U.S. DISTRICT COURT SAN JUAN, PR

Inited States District Court

Herk's Office 150 Ave. Carles Chardon Ste. 150 San Juan, PR 721-81800

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 53 of 111

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Lus E. Baco Rodriguez
Participant's Address:	PO Box 6484 Hayaguez, PR 00681
Participant's Email Address:	luubaco@hotmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	Investment of \$175,000.00 in the employees
Ву:	retherest system band
Signature	
Lun E. Baco Re	\$ 19-cz
Print Name	<u> </u>
Title (if Participant is	not an individual)
Λ	
Date Date	021

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 55 of 111

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Joseph Bernius Kivera
Participant's Address: 7965 Carriage Pointe Dr.
Participant's Email Address: lorge berrais 81@ yahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 178K3283-LTS
Nature of Claim: Participate h Discovery for Common Neath
By: x regle Boom River , E &
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Print Name Kvena.
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Title (if Participant is not an individual)
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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 57 of 111

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:		,		200, 01111		,
Participant's Name:	Ann Maro Eleut	11- R	uiz		A	
Participant's Address:	270 Eleut	hem	Pr. L	ake f	flred	H 33
Participant's Email Address:	annierviz 16	yahoo.	com		-	5
Name of Counsel:	-					
Address of Counsel:	-		7			0
Email Address of Counsel:		18-				
2. Participant's C	Claim number and t	the nature o	of Participa	nt's Claim:		
Claim Number:	176202	3.			-	
Nature of Claim: By: An A B Print Name Title (if Participant is	Romeraz Cec Cec Comeraz Total Romeraz Total Romeraz	0		J.S.DISTILL SAN JUL	MECETYEL	
Date Date	as of Posticination	n If you ar		OFFICE OF THE PROPERTY OF THE		er e A

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 59 of 111

Participant must provide all of the information below in English:

1.

 Participant's co if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Obed Rivera Colon
Participant's Address:	721 Toulon Dr.
Participant's Email Address:	noemivele 252 agmail.com
Name of Counsel:	
Address of Counsel:	·
Email Address of Counsel:	
2. Participant's Cl	aim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Promesa Title III
By: Gol Rive	Cle 250 E 8
Signature	
Obed Rive Print Name	a Colon
to the second se	e e e e e e e e e e e e e e e e e e e
Title (if Participant is n	ot an individual)
8-10-2021	
Date	



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Ave. Carlos Chardin Ste. Spen P. K. 60 918-1767 Marie Committee Committee



Rivera Colon

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 61 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:					
Participant's Name:	Ariel	Oyola	Pizarre	>	_
Participant's Address:	219 Bedf	ord dri	Pizarri ve. Kissim	mee f	<u>[</u> . 34
Participant's Email Address:	Oyolaa 7	@ amai	l-com		_
Name of Counsel:			1		_
Address of Counsel:			-		
Email Address of Counsel:				ε	
2. Participant's C	laim number and th	ne nature of Par	ticipant's Claim:		
Claim Number:	24131				
Nature of Claim:	Pension	Retir	ee claim		_
By: Aril Oy by Signature	L- Pigares		ton 1994 Call of	~ 30	
Print Name	la Pizarro	Complete to the complete to th	SAN JUAN.	ECEIVED &	
Title (if Participant is a	ot an individual)		POR	FILED	

Pro se Notices of Participation Page 62 of 111

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San Juan, P.R. 00918-1767 150 Ave. Carlos Chardon Ste. States District office

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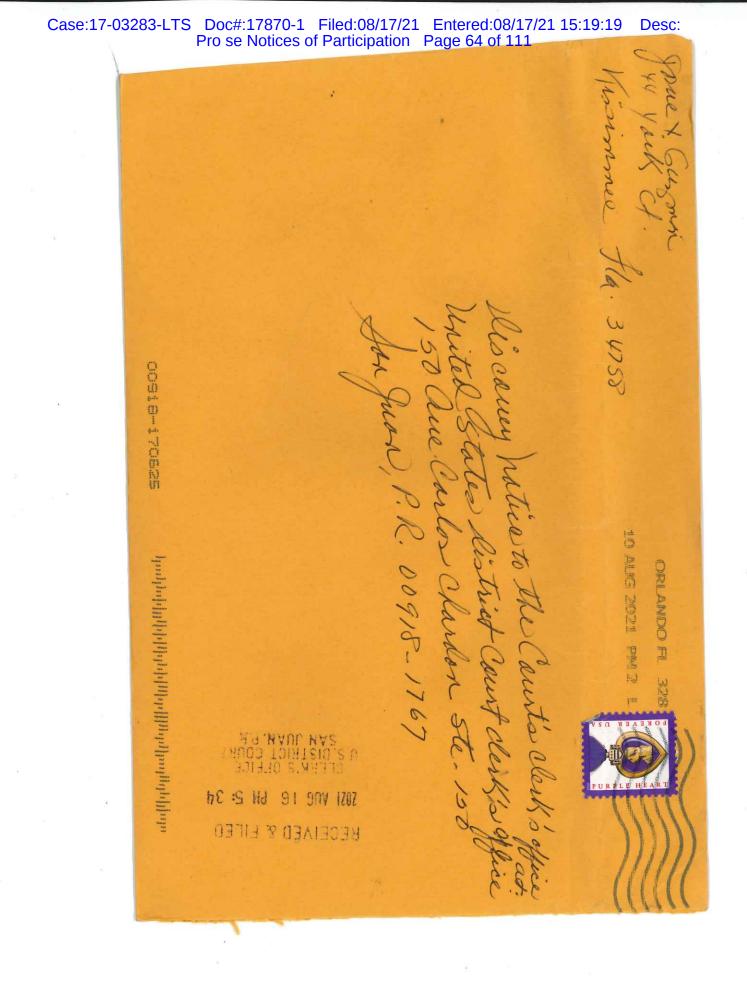
Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 63 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual) Date



Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 65 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel.

if any:
Participant's Name: Dereida E Scar Segura
Participant's Name: <u>Neverda E Scaz-Segura</u> Participant's Address: <u>787 Panical Dr. Apopka, 7L 32703</u>
Participant's Email Address: ndiaz 6666 yahov. com
Name of Counsel:
Address of Counsel: γ/ω
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 175733 /175408 /178512
Nature of Claim: I did not get my & 21,600 that corresponds me based on Promesa Titl
By: Signature Pyriciars Law"
Nereida E Diaz Segrya
Print Name
Print Name Title (if Participant is not an individual)
Title (if Participant is not an individual)
8/5/2021
Date /
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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 67 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Nilda I. Garcia Ciutron
Participant's Address:	2721 BARCLAY LANE KISSIMMER, F234743-609
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	NO. 17 BK 3283-LTS
Nature of Claim:	PROMESA Title 111 = =
By: Vilda Ilar	cia Centra
Signature	
Nilda I. Gan	cia Cintron
Print Name	
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Title (if Participant is	not an individual)
08/11/202	
Date	

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Wilda I. Garcia

Kissimmee, FL 34743-6090

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United States District Ourt, Clark's Office

150 Ave. Carlos Chardon Ste. 1

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 69 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Calle Tedro Albarado #4 P.O. BOX725 Perivelas, P. Rocasy Participant's Name: Participant's Address: Participant's Email Address: alvavadoolga 652 yahoo.com. Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 3283-LT5 Claim Number: Promesa Title 111 Nature of Claim: Olga Alvarado Figueroa Title (if Participant is not an individual) August 14 - 2021

Fra. Oka Alvarado Figuero a P. O. Box 725 Femulas, P.R. 00624

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 71 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Vanessa Cruz González
Participant's Address:	Urb. San Juan Baudista B-le Maricas, PR 00606
Participant's Email Address:	3910362@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cl	laim number and the nature of Participant's Claim:
Claim Number:	140174
Nature of Claim: By: Signature Vanessa Cruz Good Print Name Title (if Participant is not appeared to 2)	
Date	

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Sur Juan, PR 00918-1767

United State District Court 150 ave. Carlos Chardon Ste. 150 Office





Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 73 of 111

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name: Torres Santos	Carlos A.
Participant's Address: Villa Carolina 35 #	= 12 Calle 6 Carolina PR 0098S
Participant's Email Address: Carlos atomessonto 96	Comail. Com
Name of Counsel:	
Address of Counsel:	*
Email Address of Counsel:	
2. Participant's Claim number and the nature of P	Participant's Claim:
Claim Number: 25805	
Nature of Claim; Retire - Retire By: Rule Souls Souls Cont	
Carlos A. Torres Sontes	RECEIV SAN
Print Name	
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Date	

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CLERK'S OFFICE

U.S. DISTRICT COURT

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U.S. DISTRICT COURT

SAN JUAN, R.F.

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 75 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Milagro Figueroa Figueroa
Participant's Address:	El Cortyo Calle 19 # 07 Bayonia PC-00
Participant's Email Address:	millie ff 140 yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	The service of the se
Claim Number:	Claim number and the nature of Participant's Claim: 15 7906
Nature of Claim: By: Milague Figure Signature Print Name	
Title (if Participant is 13 agosto 2 Date	not an individual)

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 77 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	Aida J. G	Saston Garaa	
Participant's Address:	Aida J. C	las Spreet #2	B-7
Participant's Email Address:	aidagaston 1265	gmail. com	
Name of Counsel:			
Address of Counsel:			<u> </u>
Email Address of Counsel:	iburs.	da —	V
2. Participant's	Claim number and the natur	re of Participant's Claim	i:
Claim Number:	CEARCHTE TO.		
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By: Aida J. A. Signature	ston Garcia	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ECEIV
Aida J. Ga	ston Garcia		16 1
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Title (if Participant is	s not an individual)		34
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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 79 of 111

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Aida J. Gas-bn Garcia Participant's Name: HC 63 Box 3308 Patilles, PR 00723 Participant's Address: Participant's Email Address: aidagas fon 1265 Dagmail-Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual)

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CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.E. da Gaston Garcia C 63 Bz. 3308 24: 1/as, PR 00733

CONTENT TOTAL

Jerle's Office, 150 Ave.
Jor los Chardón Ste. 150
SanJuan, Pl 06918- 1767

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 81 of 111

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	DAYNA DIAZ-KiverA
Participant's Address:	Dorado J 3 28, Ept. Forest Hills, Bayan
Participant's Email Address:	dayras6pr6yahro.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	These of the second sec
Nature of Claim:	
By: Centron	W SELE A CE
Signature	
DAYNA Di	M2-KiverA
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of if any:	its counsel,
Participant's Name: Jaime A. Haddock Jimenez	
Participant's Address: Frans. Country Club, calle 23 (9-3 Carolina RP Joo983-1638 Participant's Email Address: jahjze@gmail.com	
Participant's Email Address: jahj 76@ gmail.com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 117584	
Claim Number: 117584 Nature of Claim: Public Employee and Pension/Retire By: Jam Hoddod Signature	e Claims
By: Jaim Hoddod	
	85
Jaime A. Haddoek Jimenez Print Name	RECEIVE
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Title (if Participant is not an individual)	
Qugust 3, 2021 Date	

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Carolina, PR 00983-1638 Jardns. de Country Club calle 23 Q-3 Jaime A.. Haddock Jimenez

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San Juan, P. R. 00918=1767

150 Ave. Carlos Chardon Ste. 150

United States District Court's, Clerk's Office

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

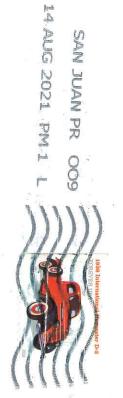
1.

if any:						
Participant's Name:	Evelyn Ma Urb. University Gard	gobet -	- Seda		-	
Participant's Address:	Urb. University Gard	tens I-2	3 Calle Ai	isubo Art	abo, t	(R00613
Participant's Email Address	: <u>emagobet@gma</u>	ii - com				
Name of Counsel:						
Address of Counsel:						
Email Address of Counsel:						
	Claim number and the n					18
Claim Number:	153458		D . T	DI		
Nature of Claim:	Public Employee	and	tension/	Metiree		
By: Evelyn Magn	Public Employee Let Seda bet Seda					
Evelyn Maga	bet Seda			4		70
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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 87 of 111

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Sonia M. Haddock Jimenez
Participant's Address: Irdns. Country Club calle 23 Q-3 Carolina, DR.00983-1638
Participant's Email Address: 5m haddock@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>125405</u>
Nature of Claim: Public Employee and Pension/Retiree Claim
By: Line Hadd Jimin Signature
Sonia m. Haddock Jimenez
Print Name
Title (if Participant is not an individual)
August 3, 2021 Date

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Carolina, PR 00983-1638 Jardns. de Country Club calle 23 Q-3 Sonia M. Haddock Jimenez

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 89 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Rafael Q. Haddock Timener
Participant's Address: Tardns. Country Club calle 23 Q-3 Carolina, p. R. 00 983 - 1638
Participant's Email Address: rafael 1510 @ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Public Employee and Pension/Retiree
By: Xofal h. Wedsell Jimes
Signature Parael a. Haddock Timenez
Print Name
Title (if Participant is not an individual)
Date J

Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 90 of 111

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Jardns. de Country Club calle 23 Q-3 Carolina, PR 00983-1638 Rafael A.. Haddock Jimenez

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 91 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Jonia M. Jiménez Le La Cruz Judns. Country Club, calle 23 On-3 Carolina, p. R. 00983-1638 Participant's Name: Participant's Address: Participant's Email Address: _ Smidle@gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

Sonia M. Jimenez De La Cruz Jardns. de Country Club calle 23 Q-3 Carolina, PR 00983-1638

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Participant's contact information, including email address, and that of its counsel,

1.

Participant must provide all of the information below in English:

if any: KENNETH A. SPRINGATE Participant's Name: 6/ W 29th PLACE #4213 EUGENE, OR Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 95 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.	
Participant's Name: Jose Meding	
Participant's Address: 80 Partish street	- Apt 418 Canandaigua NV 1
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of	of Participant's Claim:
Claim Number:	AVERDING STATE
Nature of Claim:	
By: Aora mentra	
Sighature	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
1026 K 11001118	
Print Name	25 Z
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Title (if Participant is not an individual)	
8-10-2021	
Date	

EIGHTY PARRISH STREET APARTMENTS 80 Parrish Street

Canandaigua, NY 14424

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 97 of 111

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Desus A. Oct. 2 Rosa

Print Name

Title (if Participant is not an individual)

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Carlos Chardon Ste. 150

Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc Pro se Notices of Participation Page 99 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Title (if Participant is not an individual)

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United States District Court, Clark's Office 150 Ave. Carlos Chardo Sta. 150

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 101 of 111

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of it 	is counsel,
if any:	
Participant's Name: Migue Angel Delgaco	Cavila
Participant's Address: 114 Smith St 2nd Fir, New	, Britain C
Participant's Email Address:	
Name of Counsel:	<u> </u>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	2 2 4
Claim Number: 771382	
Nature of Claim: Un paid Salary	5 × 5
By: March A. Dolgalo Doule Signature	P 2
Mignel A. Delgudo Davila	५
Print Name	
Title (if Participant is not an individual)	
Date	

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Pro se Notices of Participation Page 103 of 111

Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Catalino Figueroa
Participant's Address:	1305ylvan AVE Aft 104 NEW HOVENCT, 06519
Participant's Email Address:	11
Name of Counsel:	D'NEILL+BORGES LLC
Address of Counsel:	250 Muñoz Rivera AV, Suite 800 San Suan PR 00918-1813
Email Address of Counsel:	San Suan PR 00918-1813
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17BK3283-LTS
Nature of Claim:	PROMESA TITLE III & & 3
By: X Catalina II	Julian E
Signature	AND THE PROPERTY OF THE PROPER
Catalina Figure	relocing to the second
Helper to the Title (if Participant is	re dietition &
8-11-2021	
Date	

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Inited States District Court, Clark's office 150 San Juan, PR 00918-1767 Carlos Chardon Ste.

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HARTFORD CT 060

Management of the control of the con

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Merceda E Diaz - Segura Participant's Address: 787 Panical Dr Apopka, 76 32703
Participant's Address: 787 Panical Dr Apopka, 76 32703
Participant's Email Address: nduz 6666 @ yahvo com
Name of Counsel: $ \gamma \omega $
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 175733 175408 178512
Nature of Claim: I did not get my \$21,600 that corresponds me
By: Signature Signature
Nereida E Diaz Segura
Print Name
Ti'd CCD di in di ana in 11 11 18
Title (if Participant is not an individual)
$\frac{8 5 2021}{\text{Date}}$

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Case:17-03283-LTS Doc#:17870-1 Filed:08/17/21 Entered:08/17/21 15:19:19 Desc: Pro se Notices of Participation Page 107 of 111

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.
Participant's Name: Laura Sarros Rivers
Participant's Address: 821 Poplarwood Ln Kissimmee Fl 34743
Participant's Email Address: laura. santos. nivera @ gmail. wom
Name of Counsel: <u>De partamento de Educación Departmen of Education</u>
Address of Counsel: 20 Box 190759 San Juan, PR 00919-0759
Email Address of Counsel: <u>laura</u> . Santos nivera @ gmeil. wm
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 68186
Nature of Claim: The imployees retirement system of the By: Signature Signature The imployees retirement system of the Powerto Rico Signature
Lung Sanles Williams
Print Name Title (if Participant is not an individual)
8/12/21 Date

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U.S.DISTRICT COURT SAN JUAN, P.R. Laura Santas Rivera 821 Aplanwood Ln Kissimmee F1 34743

Discovery Notice to the Court's Clerk's office United States District Court Clerk's Office Uso Ave. Cartas Chardon Ste. 150 Santuan: PR 00918-17147

the at



Participant's contact information, including email address, and that of its counsel,

br

Participant must provide all of the information below in English:

1.

If any.
Participant's Name: Paulino Volarguez Bermudez
Participant's Address: Ext. Villa Buena Ventura Calle Diamante #5
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Coursel:
2. Participent's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283 - LTS
Nature of Claim: Jam a retire employee and I want or intent to Participate in Discovery for Common wealth Plag. Signature Paulino Velarques Bermuder Print Name
Title (if Participant is not an individual) 12 de agusto de 2021 Date
Date

